

2043

In order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		
District of _____	ORIGINAL CERTIFICATE OF BIRTH		
Town of _____	State Index No. <u>163</u>		
or _____	County Registrar No. <u>984</u>		
City of <u>Globe</u>	Local Registrar No. _____		
2. Full name of child <u>Violet Dana Barrow</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
3. Sex of Child <u>7</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No., in order of birth _____		7. Date of birth <u>12-13-24</u>	
8. FATHER		MOTHER	
Full name <u>Sam Albert Barrow</u>		Full maiden name <u>Daisy Myers</u>	
9. Residence (Usual place of abode) <u>Globe</u>		15. Residence (Usual place of abode) <u>Globe</u>	
If nonresident, give place and state <u>Ariz.</u>		If nonresident, give place and state <u>Ariz.</u>	
10. Color or race <u>white</u>		16. Color or race <u>white</u>	
11. Age at last birthday <u>24</u> (Years)		17. Age at last birthday <u>21</u> (Years)	
12. Birthplace (city or place) <u>Texas</u>		18. Birthplace (city or place) <u>San Angelo</u>	
(State or country)		(State or country) <u>Texas</u>	
13. Occupation		19. Occupation	
Nature of industry <u>Laborer</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		<u>yes</u>	
(a) Born alive and now living <u>1</u>			
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>5:45 P.M.</u> on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>C.W. Adams</u>	
Given name added from a supplemental report _____		Address <u>Globe Ariz.</u>	
Month, day, year. _____		(Physician or midwife)	
Registrar. _____		Filed <u>12-26</u> , 19 <u>24</u> <u>B.G. Gray</u>	
		Filed <u>1-6</u> , 19 <u>24</u> <u>B.G. Gray</u>	
		Local Registrar. _____	
		County Registrar. _____	

526-1213-442